Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09752576

| CLAIMS AS FILED - PART I (Column 1)  |   |   |                                    |                              |                                 | (Column 2)       |            | SMALL ENTITY TYPE    |                        | OTHER THAN OR SMALL ENTITY |                       |                        |
|--|---|---|------------------------------------|------------------------------|---------------------------------|------------------|------------|----------------------|------------------------|----------------------------|-----------------------|------------------------|
| TOTAL CLAIMS   |   |   |                                    | - C 1111                     |                                 |                  | Г          | RATE                 | FEE                    |                            | RATE                  | FEE_                   |
| FOR  |   |   | NUMBER                             | NUMBER FILED                 |                                 | R EXTRA          | <br>       | ASIC FEE             | 355.00                 | OR                         | BASIC FEE             | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |   |   | Z1 minus 20=                       |                              | •                               |                  |            | X\$ 9=               |                        | OR                         | X\$18=                | 18                     |
| INDEPENDENT CLAIMS   |   |   | 식 minus 3 =                        |                              | 1                               |                  |            | X40=                 |                        | OR                         | X80=                  | 80                     |
| MU   | LTIPLE DEPEN                            | DENT CLAIM PF                             | RESENT                             |                              |                                 |                  |            | +135=                |                        | OR                         | +270=                 |                        |
| * If   | the difference                          | ess than ze                               | s than zero, enter "0" in column 2 |                              |                                 | L                | TOTAL      |                      | OR                     | TOTAL                      | 808                   |                        |
|  | CI                                      | LAIMS AS A<br>(Column 1)                  | MENDED - PART II (Column 2)        |                              |                                 | (Column 3)       |            | SMALL E              | NTITY                  | OR                         | OTHER<br>SMALL        |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGH<br>NUM<br>PREVI<br>PAID | BER                             | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total                                   |   | Minus                              | **                           |                                 | =                |            | . X\$ 9=             |                        | OR                         | X\$18=                |                        |
|  | Independent                             | •   | Minus                              | ***                          |                                 | =                |            | X40=                 |                        | OR                         | X80=                  |                        |
|  | FIRST PRESE                             | NTATION OF MU                             | JLTIPLE DEI                        | PENDEN                       | T CLAIM                         |                  |            | +135=                |                        | OR                         | +270=                 |                        |
|  |   |   |                                    |                              |                                 |                  | L          | TOTAL                |                        |                            | · TOTAL<br>ADDIT. FEE |                        |
|  |   | (Column 1)                                |                                    | (Colu                        | mn 2)                           | (Column 3)       | A          | DDIT. FEE            |                        |                            | ADDIT: I CC           |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGI<br>NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total                                   | •   | Minus                              | **                           |                                 | =                | П          | X\$ 9=               |                        | OR                         | X\$18=                |                        |
|  | Independent                             |   | Minus                              | ***                          |                                 | -                |            | X40=                 |                        | OR                         | X80=                  |                        |
| L  | FIRST PRESE                             | NTATION OF MI                             | JLTIPLE DE                         | PENDEN                       | CLAIM                           |                  | j          | +135=                |                        | OR                         | +270=                 |                        |
|  |   |   |                                    |                              |                                 |                  | L          | TOTAL .<br>DDIT. FEE | <del></del>            | OR                         | TOTAL<br>ADDIT. FEE   |                        |
| š.,  |   | (Column 1)                                |                                    | (Colu                        | ımn 2)                          | (Column 3)       |            | IDDI1. FEE I         |                        | •                          | ADDIT: 1 EE           |                        |
| AMENDMENT C  | 5.7                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | NUI<br>PREV                  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |            | RATE                 | ADDI-<br>TIONAL<br>FEE |                            | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total                                   |   | Minus                              | **                           |                                 | =                |            | X\$ 9=               |                        | OR                         | X\$18=                |                        |
|  | Independent                             | •   | Minus                              | •••                          |                                 | =                |            | X40=                 |                        | OR                         | X80=                  |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDEN |   |                                    |                              | IT CLAIN                        |                  | <b>┙</b> ┞ | +135=                |                        |                            | +270=                 |                        |
|  | If the entry in colu                    | umn 1 is less than t                      | he entry in col                    | umn 2, wr                    | lte "0" in co                   | olumn 3.         | Ĺ          | +135=                |                        | OR                         | TOTAL                 |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                    |                              |                                 |                  |            |                      |                        |                            |                       |                        |
|  | The "Highest Nu                         | mber Previously Pa                        | ud For' (Total                     | or indeper                   | ident) is th                    | a uiduasi unwo   | AL ION     | no in me ap          | Piopilate DC           | , a i U                    | J. Jillie I.          |                        |